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ABSTRACT

Although the determinants of experienced and reported crime have been fairly extensively studied, there is relatively little consensus about the predictors of victimization or likelihood of reporting crimes, and research on the elderly Hispanic Americans as victims and reporters is practically nonexistent. In 1979-80, a national study used a combination of the Older Americans Resources and Services Functional Assessment Questionnaire and the Subjective Distress Scale of Psychiatric Status Schedule to assess the service needs of the Hispanic elderly. Data from a subset of 84 Hispanic elderly respondents who reported having been victimized by crime in the last year were examined to determine the crime reporting behavior and the crime experienced by the Hispanic elderly. Twenty variables were selected and classified according to whether they represented individual, family, or community characteristics; health; or indicators of crime. The results of the regression analysis revealed that crime reporting behavior was directly impacted by four variables (ethnic discrimination, contact with children, hospitalization, and sex discrimination) which accounted for 30 percent of the variance. Only one variable was found to directly affect the amount of crime experienced: being disabled accounted for 11 percent of the variance. These findings suggest that ill health predisposes some Hispanic elderly persons to more experienced and reported crime, while sensitivity to ethnic discrimination and family support motivate the Hispanic elderly to report crime. (NRB)

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CRIME AND THE HISPANIC ELDERLY

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ABSTRACT

The determinants of experienced and reported crime have been fairly extensively studied. However, there is relatively limited consensus about the predictors of victimization nor reporting. Moreover, research on the elderly Hispanic as victims and reporters of crime is practically nil. This study develops and tests two causal models: one of crime-reporting behavior and the other on crime experienced by the Hispanic elderly.

The suggested models were analyzed with regressive analysis, with parallel analyses conducted for each model. The results for reported crime model indicated that four variables (i.e., ethnic discrimination, contact with children, hospitalization, and sex discrimination) directly effect reporting behavior. The four variables jointly accounted for 30% of the variance.. The findings for the experienced crime model indicated that only one variable (i.e. being disabled) directly affected experienced crime, and accounted for 11% of the variance.

INTRODUCTION

Research on crimes against older persons is largely focused on the majority, White population (U.S. Congress, Select Committee on Aging, 1977; U.S. Congress, House Select Committee on Aging, 1982). Studies on minority elderly and crime primarily concentrate on Blacks (McNeely, 1983). Analyses of the Hispanic elderly victims of crime are rare (Ragan, 1977; Mirande, 1982).

Most studies of elderly crime victims are descriptive. They provide many clues to possible reasons why older persons become victims (and report these crimes), but they do not clarify which factors are important in predicting victimization and reporting.

Predictive studies on crime experiences and reporting for older persons are extant, but few in number (Hindelang, Gottfredson, & Garafalo, 1978; & Liang & Senstock, 1981). Furthermore, the findings are not consistent, and primarily focus on White and Black samples, not Hispanic populations. Hopefully, the present study will add to the few empirical studies that ascertain the causes of crime victimization among the elderly, and will specifically contribute more knowledge about the least-studied minority, older Hispanic Americans.

CONCEPTUAL FRAMEWORK

The conceptual framework suggested for this study is based on the assumption that certain individuals will experience or report crime because of health, family, community, and background

factors (see Figure 1). The model conceptualizes the individual's crime-reporting and experiencing behavior as a function of a complex pattern of relationships among health, family, community and socio-demographic variables. It suggests that some individuals are more predisposed to experience and report crime due to one or more of these sets of variables. This framework is designed to categorize and analyze the variables that might possibly affect the amount of crime reported and experienced by Hispanic elderly.

The purpose of this study is to test this tentative framework of crime-reporting behavior and the amount of experienced crime by the Hispanic elderly. The results should aid in assessing the following: 1) which factors are most important in determining the amount of crime experienced and reported; 2) the magnitude of the direct effects while controlling for all the other variables; and, 3) the extent to which the variance in crime reported and experienced by the Hispanic elderly can be explained by the variables in the models. The main focus of this study is on testing two tentative models: one on the amount of crime experienced by the Hispanic elderly and the other on the crime reporting behavior.

METHODS

Sample

The data analyzed in this study are from a data set that was collected in 1979-80 entitled "A National Study to Assess the

Service Needs of the Hispanic Elderly" (Principle Investigator, (Carmela G. Lacayo). The data were provided by the National Association for Hispanic Elderly, and were gathered from a national probability sample of 1805 non-institutionalized Hispanic individuals age 55 and over.

The original study data were obtained from cross-sectional survey interviews administered in the home, using a pretested instrument constructed by the National Association of Hispanic Elderly in consultation with the Administration of Older Americans (AOA), the United States Bureau of Census, and Kaiser Permanente Research Department. The resulting instrument was a combination of the Older American Resources and Services Functional Assessment Questionnaire (OARS) and the Subjective Distress Scale of Psychiatric Status Schedule (PSS).

A multistage probability sampling procedure, with geographic stratification introduced in the first stage, was employed to randomly select elderly Hispanic respondents. Geographic stratification by review was chosen to assure adequate representation of Hispanics in regions with the highest density of Hispanics. The final sample represented fifteen states, with California, Texas, Florida and New York having a heavier sampling of elderly Hispanics. It was estimated that the sampling error was approximately 5%.

For the current study, a subsample was selected representing all those Hispanic elderly that had been victimized by crime in the last year. The characteristics of these eighty-four elderly

are: ethnicity - Mexican American 67%, Puerto Rican 17%, Central/South American 10%, and Cuban 6%; gender - 54% male and 46% female; mean age was 66 years; 69% were citizens, and 31% were non-citizens; mean education was 5th grade; mean income was $3,500; and, mean number of experienced crime was 1.3 and mean number of reported crime was 1.0.

Measurement

Twenty variables were selected for the current study, and classified according to whether they represented individual, family or community characteristics, health, and indicators of crime. The nineteen predictor variables and two criterion factors are shown in Figure 1.

Individual Variables - the socio-demographic variables are measured as follows:

Gender was dichotomized, (Male=1, Female=0); U.S. Citizenship was dichotomized, (yes=1, no=0); Age was measured by actual age; Ethnicity was dummy coded, (Puerto Rican = 1, South/Central American = 1, Cuban = 1, Mexican American = 0); Education was measured by actual grade completed; Employment Status was dummy coded (Working = 1, Housewife = 1, Retired = 0); and attitudinal variables were measured as follows: sex, race and age discrimination were each measured separately by summing the number of personal discrimination acts experienced by the respondent.

Community Variables - the community variables were measured as follows: Age density was measured by the percentage of elderly residents in a census tract; Formal church attendance ranged from 1 through 6 (Never = 1, More than once a week = 6); i.e., contact with friends/neighbors was measured on a scale ranging from 0 through 4 (None = 0, Everyday = 4).

Family Variables - the family variables were measured as follows: Living arrangements were dummy coded (Living alone = 1, living with spouse = 1, living with children = 0); Annual family income was measured on a scale ranging from 1 tnrough 15 (0-499 = 1, 40,000 above = 15); and contact with kin was measured separately for contact with children and relatives on a scale ranging from 0 through 4 (None = 0, everyday = 4).

Health - the health variables were measured as follows: Self-Rated Health Status was mesasured on a scale ranging from 1 through 5 (very poor = 1, very good = 5); Hospitalization in the last 12 months was dichotomized (yes = 1, no = 0).

Crime - the crime factor was measured by the number of incidences of crime experienced by the elderly in the last year in six areas (i.e., vandalism, pickpocket/purse snatched, home broken into, mail stolen, physical attack, or other type of vandalism). The number of crimes reported was measured by summing the number of reported crimes by the respondents in the last year in the same six categories.

ANALYSIS

The method of analysis used to ascertain the relative importance and interrelationship of the variables employed in the model was that of regression analysis. In general, regression proceeds by solving a series of recursive regression equations in which each of the previously independent variables becomes the dependent variable in the next equation. The results indicate how much of the original correlation between the dependent and independent variables are accounted for by direct and indirect effects, while at the same time controlling for the effects of all other variables in the equation (Kerlinger and Pedhazur, 1973; Nie et. al.,1975; Schumm, et. al., 1980).

FINDINGS

The zero-order correlation coefficients for experienced crime and reported crime along with the exogenous variables are shown in Tables One and Two, along with their means and standard deviations. The basic models of experienced crime and reported crime, and the variables included in the study are shown in Figure One. The basic models were transformed into structural equations from which standardized partial regression coefficients were estimated. The analysis of the experience-crime model is shown in the decomposed model in Table Three. The results of the analysis of the reported crime model is shown in the decomposed model in Table Four. In the interest of scientific parsimony,

only Beta coefficients that were both statistically significant ($p<.01$) and explained at least 1% of the variance were retained in the final analysis (Schumm, et. al., 1980; Starrett et. al., 1983; 1984).

The findings for the zero-order correlation of experienced crime and the predictor variables indicate that being disabled (.33) was related to experienced crime followed by hospitalization (.28), age discrimination (.25), ethnic discrimination (.24), and gender (.21) (being male). The results of the regression analysis indicate that only one of the original twenty variables employed in the study directly affect the crime experienced by the Hispanic Elderly. This variable Employment Status (i.e. disabled) (.33) accounted for 11% of the variance in crime. Evidently, the Hispanic elderly who are disabled, experience more crime that those elderly with other characteristics.

The findings for the zero-order correlations of reported crime, indicate that ethnic discrimination (.33) was related to reported crime followed by age discrimination (.31), contact with children (.30), hospitalization (.26), and being disabled (.25). The results of the regression analysis indicate that only four of the original twenty variables directly affected the crime reported by the elderly. These four variables, i.e., ethnic discriminatin (.41), contact with children (.29), hospitalization (.29), and sex discrimination (-.30), jointly accounted for 30% of the variance in crime-reporting behavior. Those Hispanic

elderly who perceived more ethnic discrimination, reported the most crime, followed by those with greater contact with children and a hospitalization in the last year. Sex discrimination was not interpretable within the model, due to its large spurious and indirect effect.

DISCUSSION

This study indicates that the amount of crime experienced by the Hispanic elderly is predicted best by the employment status category of being disabled. The elderly who are disabled, appear to be easier prey for criminals. This finding is partially supported by the literature (Lawton and Yaffee, 1980). Evidently, the elderly as a group are more prone to victimization, due to ill health. However, this may be especially true of the more vulnerable minority elderly populations, due to their higher risk for health problems.

The major findings of this study were that reported crime was best predicted by ethnic discrimination followed by contact with children and hospitalization. It appears that sensitivity to ethnic discrimination may predispose the Hispanic elderly to report more crime. Attitudes towards police among Hispanic Americans are less negative than for Blacks, and may account for this behavior (Mirande, 1982).

Moreover, contact with children acted as an additional motivation to report crime. Those elderly with a strong family

network may provide more support or motivation about the importance of reporting crime. Involvement with family, after being victimized, may also be related to a general reaction of kinship groups to help victims (Feinberg, 1981).

In addition, those elderly who were hospitalized in the last year, reported more crime. It may be that they were more vulnerable or spent more time at home observing the community and thus reported more crime.

In comparing the two models, only the health-related variables (i.e., being disabled and hospitalized) appear to be common predictors of the crime factor. Programs to help elderly victims, disclose a high proportion of the victims being physically disabled and with one to three chronic conditions (Feinberg, 1981). These two variables explained 11% and 6% of the variances in the crime factors, respectively. The model of crime-reporting behavior was the best overall model, predicting 36% of the variance and representing health, family and individual characteristics. Crime reporting behavior was uniquely predicted by ethnic discrimination and contact with children. Apparently, ill health predisposes one to more experienced and reported crime, but discrimination and family support motivate the Hispanic elderly to report crime.

Many of the individual, community and family variables were dropped from the models, due to their nonsignificant effect. They suggest that more research is needed, on a larger scale, to

better understand the relationships among these factors and crime.

In summary, the model of crime-reporting behavior by the Hispanic elderly appears to be adequately tested by the predictive factors of health, family and individual characteristics. However, these findings are tentative due to the small sample size (N=84). This study should be replicated with larger data sets and other population groups. One major advantage of this data set was that it represents surveys conducted in the home by Hispanic interviewers, and does not reflect the bias of LEAA data or actual crime statistics, because of respondents' fear or distrust.

The model of crime-experienced behavior by the Hispanic elderly is more questionable; this model only explained 11% of the variance and only represented one variable. These results may reflect our lack of knowledge about why elderly minorities experience crime. Or, it may represent measurement problems, one of several issues in the short history of research on victims of crime (Sparks, 1982).

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TABLE I

Experienced Crime Correlation Coefficients, Means and Standard Deviations

Variables	Correlation Coefficient	Mean	Standard Deviation
Gender	.21	.54	.50
Citizen	.01	.69	.47
Age	.11	65.77	8.41
Ethnicity:			
Cuban	-.13	.06	.24
Puerto Rican	.07	.17	.38
S/Central American	.06	.10	.30
Education	-.06	5.44	4.23
Employment Status:			
Working	-.10	.31	.47
Disabled	.33	.21	.41
Housewife	-.12	.12	.33
Ethnic Discrimination	.24	.36	.90
Sex Discrimination	-.07	.06	.45
Age Discrimination	.25	.54	.50
Age Density	-.16	5.22	2.83
Church Attendance	-.10	4.02	1.68
Contact Friend/Neighbor	.05	1.10	1.27
Living Arrangements:			
Alone	.06	.25	.44
Spouse	-.03	.29	.45
Children	-.10	.16	.36
Income	-.12	6.09	1.82
Contact children	.17	1.01	1.11
Contact relatives	-.00	.70	1.08
Health Status	-.16	3.35	.96
Hospitalization	.28	.27	.45
Experience Crime	1.00	1.27	.55

TABLE II

Reported Crime: Correlation Coefficients, Means and Standard Deviations

Variables	Correlation Coefficient	Mean	Standard Deviation
Gender	.12	.54	.50
Citizen	.01	.69	.47
Age	.01	65.77	8.41
Ethnicity:			
Cuban	-.00	.06	.24
Puerto Rican	-.10	.17	.38
S/Central American	.17	.10	.30
Education	.01	5.44	4.23
Employment Status:			
Working	-.05	.31	.47
Disabled	.25	.21	.41
Housewife	-.06	.12	.33
Ethnic Discrimination	.33	.36	.90
Sex Discrimination	-.01	.06	.45
Age Discrimination	.31	.54	.50
Age Density	-.15	5.22	2.83
Church Attendance	-.18	4.02	1.68
Contact Friend/Neighbor	-.03	1.10	1.27
Living Arrangements:			
Alone	.07	.25	.44
Spouse	-.07	.29	.45
Children	-.06	.16	.36
Income	-.03	6.09	1.82
Contact Children	.30	1.01	1.11
Contact Relatives	.10	.70	1.08
Health Status	-.12	3.35	.96
Hospitalization	.26	.27	.45
Reported Crime	1.00	1.01	.69

TABLE III

Decomposed Association For Experienced Crime

Dependent Variable	Independent Variable	Total Association	Direct Effects	Total Indirect Effects
		(r)	(Beta)	
Experienced Crime (R^2=.11)	Employment Status (Disabled)	.33	.33	0

TABLE IV

Decomposed Association for Reported Crime

Dependent Variable	Independent Variable	Total Association	Direct Effects	Total Indirect Effects
Reported Crime (R^2=.30)	Ethnic Discrimination	.33	.41	-.08
	Contact Children	.30	.29	.01
	Hospitalization	.26	.29	-.03
	Sex Discrimination	-.01	-.30	-.29

Figure 1
Causal Models of Experienced and Reported Crime